

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jan E. Schnitzer

Application No.: 10/056,230

Group: 1642

Filed: January 24, 2002

Examiner: L.B. Goddard

Confirmation No: 6912

For: TARGETING ENDOTHELIUM FOR TISSUE-SPECIFIC DELIVERY
OF AGENTS

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- ☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	7	MINUS	* 20	0
INDEP	2	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE		RATE	ADDIT. FEE
X \$ 26	\$ 0		X \$52	\$ 0
X \$110	\$ 0		X \$220	\$ 0
+ \$195	\$ 0		+ \$390	\$ 0

* not fewer than 20
 ** not fewer than 3

TOTAL = \$ 0 TOTAL = \$ 0

The Application Size Fee has been calculated as shown below:*(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)

SMALL ENTITY	
Rate	Total Amount Owed
X \$135	\$[]

OTHER THAN SMALL ENTITY	
Rate	Total Amount Owed
X \$270	\$[]

Payment Sufficient for up to
[] Sheets

Petition for Extension of Time

- ☐ Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.
- ☐ *[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]*

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	_____
	Request for Continued Examination	\$ 405
	_____	\$ _____
	TOTAL:	\$ 405

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:		_____
		\$	
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	_____

☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By /Elizabeth W. Mata, Reg. No. 38,236/
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Concord, Massachusetts 01742-9133
Dated: September 3, 2009